Name	PERMITI
HULL W P C F	TEE NAME/ADDRESS (Includ
	le Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

James	NAME/TI														TAA6B EFFLUE	ENIDIA	0.000	т.	Attn: JOHN	Location			Address		
TYPED OR PRINTED Including the possibility of fine and imprisonme	Teresa O'Callaghan  James Dow, Chief Facility Manager  TYPED OR PRINTED  to sul	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER														Ä ¬	ENIDIA TAA6B 1 0 0 EFFLUENT GROSS VALUE		PARAMETER	JOHN J STRUZZIERY CHRMN COMM	HULL W P C F		HULL	1111 NANTASKET AVE	
incl				PERMIT REQUIREMENT	PERMIT	PERMIT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	MEASUREMENT	CAMPIE		RY CHRMN C			MA
naware that there are significanding the possibility of fine and	prepare univer my unerdon or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		dify under penalty of law that t				•				7		The state of the s	•	7	* * * * *	*****	VALUE		02045 OMM			02045		
nt penalties for submitting false imprisonment for knowing violat			VT Certify under penalty of law that this document and all attachments			2 10					diameter and the second					****	*****	VALUE	QUANTITY OR LOADING	FROM 14 (		PERM	MA		
information, tions.																****	*****	UNITS	เด	MO DAY 07 01 TO	MONITORING PERIOD	PERMIT NUMBER	MA0101231		
SIGNATUR																100 DAILY MN	>100	VALUE		YEAR MO DAY 14 09 30	PERIOD	DISCHARGE NUMBER	001		
SIGNATURE OF PRICIPAL EXECUTIVE																****	****	VALUE	QUALITY OR CON			UMBER	В		
																****	*****	VALUE	TY OR CONCENTRATION	NOTE: Read instructions before completing this form	*** NO DI	TREATED SANITARY WASTEWATER	(SUBR E )	MAJOR	
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WET DATA ON DMR 001B